



This application is for organizations seeking funding from the Maryland Department of Labor under the *Port of Baltimore Worker Retention Program*. Applications are being reviewed on a first-come, first-serve basis until all funds are exhausted.¹

Please complete all fields of this application and submit it with the program budget and a completed and signed W-9. Prior to submission, review the required submission checklist below to ensure a complete application. Incomplete applications will not be considered.

Applicants should carefully review the *Port of Baltimore Worker Retention Program Policy* (which can be found here: <https://labor.maryland.gov/employment/mpi/>) prior to completing this application. The Policy provides details on allowable program components and key terminology associated with this project.

Port of Baltimore Worker Retention Program Application Submission Checklist

REQUIRED DOCUMENTS
<ul style="list-style-type: none"> • Port of Baltimore Worker Retention Program Application
<ul style="list-style-type: none"> • Port of Baltimore Worker Retention Program Budget (.xlsx)
<ul style="list-style-type: none"> • W-9
<ul style="list-style-type: none"> • Lease Agreement (if applying for funding as an Owner/Operator that is leased to another company)

Submission Instructions

Completed applications should be submitted via email to worker.retention@maryland.gov. Submissions must include all required documents listed above and should be submitted as a file transfer or as attachments to a single email.

¹ The Department may release available funding in multiple tranches in order to assess interest and accurately deploy resources during the evolving situation created by the temporary Port disruption.



SECTION 1: APPLICANT INFORMATION

1	Business Name (Full legal corporate name)	
2	Employer Identification Number (FEIN)	
3	Point of Contact Name	
4	Point of Contact Title	
5	Point of Contact Email Address	
6	Point of Contact Phone Number	
7	Legal Business Street Address	
8	Unique Entity Identifier (UEI) (if applicable)	
9	<p>Check which of the following applies to the applicant</p> <ul style="list-style-type: none"> ● Maryland-based* small business** ● Labor Union ● Trade Association ● Company that contracts with or is a member of a trade association <p>*For the purposes of this program, "Maryland-Based Business" is defined as an organization that has its principal business operations located in Maryland, or will use all program funds only for workforce or operations within the State</p> <p>**For the purposes of this program, "Small Business" is defined as an independent organization operating with fewer than 500 full-time or equivalent workers in Maryland</p> <p>Is the applicant a Minority Business Enterprise? (For tracking purposes only)</p>	



10	USDOT Number (if applicable)	<ul style="list-style-type: none"> ● Yes ● No <p>If you are applying as an Owner/Operator who is leased to another company, please provide your USDOT Number and the name of the business you are leased to, as well as their business address. Note: You will need to submit a copy of your lease agreement along with your application.</p>
<ol style="list-style-type: none"> 1. USDOT Number: 2. Business Name to which you are leased (if applicable): 3. Legal Business Street Address: 		
11	Has the point of contact applied for this grant on behalf of multiple applicants or expects to do so? If yes, please disclose below.	
12	State the total number of workers employed by the applicant as of 3/25/2024 (date prior to bridge accident). Additionally, state the total number of workers expected to benefit from this grant, if awarded.	
<ol style="list-style-type: none"> 1. Total number of workers employed at the business on 3/25/2024: 2. Total number of workers expected to benefit from this grant: 		
13	Total grant amount requested (not to exceed \$200,000***)	
<p>***Labor may consider multiple applications per unique business entity, but will not award more than \$200,000 to any one unique business entity.</p>		
Total grant amount requested: \$		



SECTION 2: Program and Project Information

14 Indicate whether the applicant pays into the State of Maryland Unemployment Insurance system. If no, please state why.

- Yes, the applicant pays into the Unemployment Insurance System.
- No, the applicant **does not** pay into the Unemployment Insurance System.

If answered no above, please explain:

15 Select which of the following applies to your business, as it relates to your Port impact. Applicants may select more than one.

- Organization located directly on the Port of Baltimore;
- A rail business;
- A terminal operator;
- A liquid storage terminal operation;
- An auto terminal operator;
- A labor union;
- A “roll on roll off” terminal operator;
- A warehousing and logistics operation;
- A manufacturer; or
- Any other type of organization that can reasonably demonstrate negative business impacts due to the temporary Port reductions. If this option is selected, please describe below.

Other:

16 Does the applicant rely on access to the private and public marine terminals at the Port?

- Yes, our business relies on access to the private and public marine terminals at the Port.
- No, our business **does not** rely on access to the private and public marine terminals at the Port.

17 Has the reduction in operations at the Port of Baltimore hindered or halted the applicant’s regular operations?

- Yes, the reduction in operations at the Port of Baltimore has impacted regular operations.
- No, the reduction in operations at the Port of Baltimore has not impacted regular operations.



18 Select which allowable activities the applicant intends to use for their project. Applicants may select more than one activity, but should select all activities that will be offered under the grant. Note that the maximum expenditure per worker supported cannot exceed \$7,500 and all costs selected below should align with what is included in the *Port of Baltimore Worker Retention Program Budget*.

- Payroll Costs
- Training costs
- Supportive Services
- Work Sharing Unemployment Insurance Program
- Other

If other, describe.

19 Provide a description of how the applicant intends to provide the activities selected above. For example, if supportive services are selected, describe specifically which supportive services the applicant intends to provide and how they will be offered; or, if the applicant intends to offer training, note what training(s) will be offered, etc.

20 Does the applicant have insurance that may cover some or all losses/business expenses/costs associated with this emergency? If so, provide the following information.

The applicant has insurance that may cover some or all losses/business expenses/costs associated with this emergency:

- Yes
- No

If you answered yes above, provide the following information:

1. Insurance Provider Name:
2. Insurance Provider Address:
3. Producer Number of Insurance Provider:



Instructions for Section 3: Impacted Workers

Complete this section by including *only the names and occupations of workers that are anticipated to benefit from grant activities.*

21 Impacted Worker Names and Occupations (Please add additional lines if necessary)	
Ex. John Smith, Crane Operator	
Name	Occupation
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	



Instructions for Section 4: Program Financial Information

Complete this section and provide financial information for the *Port of Baltimore Worker Retention Program*. Information in this section **must** be consistent with an itemized *Port of Baltimore Worker Retention Program* Budget Application. The Budget Application should be completed and submitted as an Excel document (.xlsx) along with this application. Please reconcile Section 4 of this application with the associated Program Budget prior to submission.

Cost per worker (Question 22B) should be calculated as total amount requested (22A) divided by total number of workers expected to benefit from Question 12. Note that the award cap is \$200,000 and the maximum cost per worker is \$7,500.

SECTION 4: PROGRAM FINANCIAL INFORMATION		
22	Provide the following financial information about the funding requested.	
A	Total grant amount requested (not to exceed \$200,000)	\$
B	Cost per worker (not to exceed \$7,500)	\$



Prior to signing below, review all sections of this application for completion and accuracy. Review the *Port of Baltimore Worker Retention Program Policy* for any additional requirements associated with this program. Ensure that all required attachments are included in the final submission.

AFFIRMED	
The undersigned affirms that the applicant organization is in good standing with the Comptroller of Maryland, Maryland State Department of Assessments and Taxation, and the Maryland Department of Labor.	<input type="checkbox"/>
The undersigned affirms that the contents of this application are true and verifiable, and that their organization has a reasonable need for employee retention support due to the bridge collapse and reduced Port activities.	<input type="checkbox"/>
The undersigned agrees to comply with the program policy.	<input type="checkbox"/>
The undersigned agrees that they will not lay off workers, to the fullest extent practicable, that receive support through this program for at least 60 calendar days from the date of the grant award; and that they are committed to resuming operations, to the fullest extent practicable, once the Port resumes full operations.	<input type="checkbox"/>
The undersigned agrees that if layoffs become unavoidable, the grantee will notify the Maryland Department of Labor within 30 days of the anticipated dislocation and will explore applying for Work Sharing participation to keep employees attached to work.	<input type="checkbox"/>
The undersigned has the legal authority to bind the applicant organization.	<input type="checkbox"/>

Applicant Representative's Full Name	
Applicant Representative's Title	
Applicant Representative's Email	



Applicant Representative's Phone Number	
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Applicant Representative's Signature	Date

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